

May 24, 2002

CUST ID No.232325

ATTN: Plumbing Inspector

THOMAS J JAROSZ
JAROSZ MECHANICAL CONTRACTORS
11111 W MITCHELL ST
WEST ALLIS WI 53214

MUNICIPAL CLERK
CITY OF WEST ALLIS
7525 W GREENFIELD AVE
WEST ALLIS WI 53214-4648

APPROVAL OF PETITION FOR VARIANCE

SITE:

The Aurora Women's Pavilion

8901 W Lincoln Ave

City of **West Allis**, 53227

Milwaukee County

Facility: **West Allis Memorial Hospital** 8901 W Lincoln Ave, West Allis 53227

Identification Numbers
Transaction ID No. 727325
Site ID No. 601592
Please refer to both identification numbers, above, in all correspondence with the agency.

FOR: Petition for Variance Comm 82.33(8)(D)

The submittal described above has been reviewed for equivalency to applicable Wisconsin Administrative Codes and compliance with Wisconsin Statutes. The submittal has been **CONDITIONALLY APPROVED**. The owner, as defined in section 101.01(10), Wisconsin Statutes, is responsible for compliance with all conditions of this petition approval and other applicable code requirements. Plan submittal and approval to the department or its agent may be necessary prior to construction undertaken per this petition.

Your Petition for Variance of code section(s) noted above has been reviewed.

The code section petitioned requires that a fixture, which is used for domestic or culinary purposes, may not be used as a receptor for indirect waste piping or local waste piping.

The variance requested is to allow a local waste pipe serving a counter-top ice machine to discharge into the branch tailpiece of a nurse's station sink. This would be repeated several times in this same location.

The intent of the code section petitioned is to provide a safe and sanitary receptor for the indirect waste of an ice machine.

The petitioner submitted the SB-9890 application form including additional page(s) of supporting documents and/or plans.

Reviewer's Comments: **This petition is being approved based on the use of this sink and the ice machine being directly related, and the proposed installation's similarity to currently code compliant installations and to the proposed code revision.**

Departmental Action: **CONDITIONAL APPROVAL**

Conditions of Approval:

The following conditions shall be met during construction or installation and prior to occupancy or use:

- All of the petitioner's statements included on the variance application form, any other documents submitted to the Department, and all conditions of approval, if any, list below shall be carried out. This variance is specific to the subject petition and cannot be used for any additional modifications.
1. **This installation is limited to rooms W2136, W2152, W3128 and W3290.**
 2. **This installation is limited to a local waste with a maximum length of 30 inches as shown in option #1.**
 3. **The minimum air gap between the ice machine and the receptor shall be 1 inch.**

4. Appropriate measures must be taken to secure the local waste and receptor to the counter top.

This decision will become final unless the department within 30 days from the date of this letter receives a written request for a hearing. A request for hearing should be sent to the address shown on this letterhead. A copy of this letter must be included with the request for a hearing. The request for hearing should state the reasons for objecting to the department's decision, because a request for hearing may be denied if it does not present a significant question in fact, law or policy.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

Sincerely,

Curt Wendorff
Plumbing Plan Reviewer , Integrated Services
(715) 526-9056, Fax: (715) 524-3633 , M-R 7:15 -17:00, F 7:15 - 11:15
cwendorff@commerce.state.wi.us

Fee Required \$ 225.00
Fee Received \$ 225.00
Balance Due \$ 0.00

WiSMART code: 7657

cc: Robert L Samuels , Plumbing Consultant, (262) 424-3373 , 7:45-4:30 M-F
Bob Poplar West Allis Memorial Hospital
Jarosz Mechanical Contractors